# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 21, 2009**
**Secretary of State**

DOCUMENT# L01000019450

**Entity Name:** OMS EMPLOYER SERVICES, L.L.C.

**Current Principal Place of Business:**

202 N. MASSACHUSETTS AVE.
LAKELAND, FL 33801

**New Principal Place of Business:**

26 LAKE WIRE DRIVE
LAKELAND, FL 33815

**Current Mailing Address:**

PO BOX 2
LAKELAND, FL 338020002

**New Mailing Address:**

**FEI Number: 59-3757023** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLEGHORN, ROBERT A
202 N MASSACHUSETTS AVE
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

CLEGHORN, ROBERT A
26 LAKE WIRE DRIVE
LAKELAND, FL 33815 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 03/21/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: CLEGHORN, ROBERT A
Address: 202 N MASSACHUSETTS AVE
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: CLEGHORN, ROBERT A
Address: 26 LAKE WIRE DRIVE
City-St-Zip: LAKELAND, FL 33815

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT CLEGHORN MGR 03/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date